



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
Individual and Isolated Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees		
County:			District:		District Level:
21 Hill			0427 Havre Elem		Elementary
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
16	1606	No	Bessette, Jolyn	1.55	_____
16	1608	No	Brough, Steve	0.75	_____
16	1609	No	Corcoran, Matthew	0.50	_____
16	1610	No	Finchum, Janee	1.25	_____
16	1611	No	Horsley, Annette	0.50	_____
16	1612	No	Huston, Patti	0.58	_____
16	1613	No	Kaul, Fred	0.25	_____
16	1614	No	McLean, Jeanne	0.50	_____
16	1615	No	Miller, Stacie	0.50	_____
16	1616	No	Nystrom, Heidi	0.50	_____
16	1617	No	Nystrom, Heidi	3.75	_____
16	1618	No	Rainey, Paul	0.25	_____
16	1619	No	Sienkowski, Wanda	0.50	_____
16	1621	No	Twombly, Angela	1.75	_____
16	1622	No	Verploegen, Shannon	3.25	_____
16	1624	No	Warp, Jane	0.50	_____



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County:		District:		District Level:	
21 Hill		0428 Havre H S		High School	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
A	1607	No	Bradbury, Cathie A	1.75	_____
A	1620	No	Spinner, Sandra	0.50	_____
A	1623	Yes	Vaughn, Karla	0.12	_____
A	1625	No	Young, Sandy	1.00	_____



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Date			Signature, Chair, Board of Trustees			
County: 21 Hill			District: 0445 Cottonwood Elem		District Level: Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
57	1623	Yes	Vaughn, Karla		0.13	



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County:			District:		District Level:	
21 Hill			1208 K-G Elem		Elementary	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
88	1600	No	Borlaug, Travis & Maria		4.50	_____
88	1601	Yes	Donoven, Dallas & Janet		0.38	_____
88	1602	Yes	Donoven, Todd & Margaret		0.50	_____
88	1605	No	Peterson, Kyle & Kodi		5.00	_____



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21 Hill		1209 K-G H S		High School	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
H	1601	Yes	Donoven, Dallas & Janet	0.37	_____
H	1602	Yes	Donoven, Todd & Margaret	0.50	_____
H	1603	No	Hanson, Don & Les	0.75	_____
H	1604	No	Nordrum, Percy & Laurie	5.00	_____